

2015-1563

PRINTED: 08/18/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		RECEIVED SEP 04 2015	(X3) DATE SURVEY COMPLETED 08/05/2015
NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 916 PACIFIC AVE FI 7 EVERETT, WA 98201			
			DEPARTMENT OF HEALTH Office of Investigation and Inspection			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
L 000	INITIAL COMMENTS STATE LICENSING SURVEY This state psychiatric hospital licensing survey was conducted at Fairfax Hospital North on 08/04/2015 - 08/5/2015 by Alex Giel, REHS, and Lisa Sassi RN, MN. The Washington Fire Protection Bureau conducted the fire life safety inspection on 08/04/2015. ASE Shell # AIY011	L 000	1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies. 2. EACH plan of correction statement must include the following: The regulation number and/or the tag number; HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed. 3. Your PLANS OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plans of Correction due on September 3, 2015. 4. Return the ORIGINAL REPORT with the required signatures on the first page to: Alex Giel, REHS Public Health Advisor 3 Office of Investigations and Inspections P.O. Box 47874 Olympia, WA 98504-7874			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE


TITLE
CEO

(X6) DATE

9.3.15

STATE FORM

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AIY011

If continuation sheet 1 of 9

Plan of Correction Rec 8/28/15 POC Approved 9/21/15 Alex Giel
Sent 9/21/15

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L 690	Continued From Page 1	L 690			
L 690	<p>322-100.1A INFECT CONTROL-P&P</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (a) Written policies and procedures describing: (i) Types of surveillance used to monitor rates of nosocomial infections; (ii) Systems to collect and analyze data; and (iii) Activities to prevent and control infections; This RULE: Is not met as evidenced by:</p> <p>Based on observation and review of policy and procedures, the facility failed to ensure implementation of activities designed to prevent and control infections.</p> <p>Item #1 Hand Hygiene-During Medication Administration</p> <p>Findings:</p> <p>1. In review of facility policy titled, "Medication Administration" (Revised 8/2014) on page 2 under item 4.b.ii. it stated, "The licensed nursing staff will use proper hand washing techniques prior to handling medication for administration". Information about hand hygiene related to medication administration was not included in the facility policy titled, "Hand Hygiene" (Revised 3/2014).</p> <p>2. On 8/4/2015 at 1:00 PM Surveyor #2 observed a nurse (Staff Member #1) administer medications to Patient #1 - #3. The system for medication administration included patients coming to a designated window at the medication room to receive medication from the nurse. The nurse</p>	L 690			

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L 690	<p><i>Continued From Page 2</i></p> <p>obtained medications from the electronic cabinet for administration to each patient (one at a time).</p> <p>The medication nurse did not perform hand hygiene after administering 2 oral medications to Patient #1, including after handling and disposing the patient's water cup. Then s/he proceeded to administer 2 oral medications to Patient #2 and subsequently discarded that patient's water cup.</p> <p>Then the nurse proceeded to administer medications to Patient #3 which included a hydrogen peroxide oral rinse after which the patient subsequently spit the rinse solution into a paper cup and returned it to the nurse. At that point, the nurse was prompted to perform hand hygiene by the Chief Nursing Officer (Staff Member #2).</p> <p>Item #2- Hand Hygiene - After Glove Removal</p> <p>Reference: CDC Protocol for Hand Hygiene and Glove use observation (Rev. 11/1/2012) Stated, "glove use does not preclude the need for hand hygiene after removing gloves."</p> <p>Findings:</p> <p>1. In review of facility policy titled, "Hand Hygiene" (Rev 06/2014) in procedure 1.4... "Employees are required to wash hands thoroughly: After contact with potentially contaminated environmental surfaces." In part 3: "Employees may use a waterless hand washing products supplied by the employer." There is no reference regarding glove use except under policy number 1600.7.11 titled, "Terminal Disinfection of Patient Rooms" section 12 stated, "wash hands according to CDC guidelines."</p>	L 690			

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L 690	<p>Continued From Page 3</p> <p>Reference: CDC Protocol for Hand Hygiene and Glove use observation (Rev. 11/1/2012) Stated, "glove use does not preclude the need for hand hygiene after removing gloves."</p> <p>2. On 8/5/2015 at 1:30 PM during a daily clean of patient's room, room number 714, Surveyor #1 observed a housekeeper (Staff Member #8) not doing hand hygiene between glove changes on 3 separate occasions.</p> <p>Item #3 - Cleaning Patient Care Equipment- Glucometer</p> <p>Findings:</p> <p>Reference: CDC Centers for Disease Control and Prevention: Infection Prevention during Blood Glucose Monitoring and Insulin Administration (Rev date 2/6/2013) page 6 under Blood Glucose Meters Stated in part: "If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions, to prevent carry-over of blood and infectious agents. If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be used".</p> <p>Reference: In review of the One Touch Ultra Mini User Guide (Rev date: 07/2009) on page 20 it provided a section on "Caring for your system." It stated in part, "To Clean your meter, wipe the outside with a soft cloth dampened with water and mild detergent. Do Not use alcohol or another solvent to clean your meter".</p> <p>1. On 8/5/2015 at 11:30 AM Surveyor #1 interviewed a licensed practical nurse (Staff Member #1) on the process of disinfecting the glucometer. S/he stated that s/he would use bleach wipes. Surveyor observed the bleach wipe container which was labeled with a marker "used</p>	L 690			

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L 690	<p>Continued From Page 4</p> <p>for glucometer". After review of the manufacturer's instructions for use, it was determined that the manufacturer's instructions did not provide information how to disinfect the glucometer and therefore did not meet the CDC guidelines.</p> <p>Item #4: Cleaning Patient Care Equipment-Pill Splitter</p> <p>1. In review of the hospital's policy and procedure titled, "Cleaning Agents Selection" (Revised 10/2014) on page 2 of 3 it stated, the "cleaner-disinfectant" agent to be used on the "Pill splitter/crusher" was "Alcohol" and it was to be used "after each use".</p> <p>2. On 8/4/2015 at 1:30 PM Surveyor #2 interviewed the medication nurse (Staff Member #1) about how s/he cleaned pill splitters after s/he used it to split a pain medication (oxycodone) for Patient #4. S/he stated that s/he cleaned the pill splitter with soap and water.</p> <p>Item #5 Exam Table Cleaning</p> <p>Findings:</p> <p>1. In review of the hospital's policy and procedure titled, "Cleaning Agents Selection" (Revised 10/2014) on page 2 and 3 the policy identified that "cleaner-disinfectant" agents to be used on many types of patient care items. However, it did not specify how exam tables (located in treatment rooms) were to be cleaned. That room type was used by health care providers to perform physical examinations and minor procedures.</p> <p>2. On 8/4/2015 at 10:30 AM Surveyor #2 entered the facility's treatment room. There was crumpled exam paper in place on the exam table (as per</p>	L 690			

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L 690	Continued From Page 5 use after patient care). 3. At that time Surveyor #2 interviewed the Nurse Manager (Staff Member #3) about the condition of the room. When asked if s/he knew who used the room and for what type of patient care, s/he stated that there was no system for her to ascertain that information. When asked about a cleaning procedure for the room, s/he referenced a signage posted in the room that asked staff to "dispose of ...used exam table liner in lined trash bin" and to wipe all surfaces with "Sani-wipes or Bleach wipes". (The facility did not have a cleaning product called "Sani-wipes"). In a follow-up interview at 11:30 AM with a nurse practitioners (Staff Member #4) s/he stated that s/he had placed the sign there to request that all staff clean the room when done using it. She stated that s/he used "Sani-Hands" (not "Sani-wipes") to clean the exam table. At that point, the surveyor indicated that "Sani-Hands" (65.9% alcohol) was indicated for cleaning hands (rather than the patient care environment).	L 690		
L 710	322-100.1D INFECT CONTROL-PHYS ENVIRON WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (e) A procedure to monitor the physical environment of the hospital for situations which may contribute to the spread of infectious diseases; This RULE: is not met as evidenced by:	L 710		

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L 710	Continued From Page 6 Based on observation and review of manufacturer's instructions for use the hospital staff failed to use the appropriate disinfection when wiping down high touch surfaces. References: Manufacturer's Label: "PDI Sani Hands instant Hand Sanitizing Wipes" intended use if for hand washing to decrease bacteria on the skin. Hand sanitizing wipes are designed for hand use only. Finding: On 08/04/2015 at 1:15 PM Surveyor #1 observed a RN (Staff Member #6) wiping several patient's rooms door handles with "Sani Hands", a product that is used for hands only.	L 710			
L1065	322-170.2E TREATMENT PLAN-COMPREHENS WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (e) A comprehensive treatment plan developed within seventy-two hours following admission: (i) Developed by a multi-disciplinary treatment team with input, when appropriate, by the patient, family, and other agencies; (ii) Reviewed and modified by a mental health professional as indicated by the patient's clinical condition; (iii) Interpreted to staff, patient, and, when possible and appropriate, to family; and (iv) Implemented by	L1065			

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L1065	<p>Continued From Page 7</p> <p>persons designated in the plan; This RULE: is not met as evidenced by:</p> <p>Based on record review, the facility failed to demonstrate that the status of treatment plan goals were finalized by designated members of the treatment team prior to discharge.</p> <p>Findings:</p> <p>1. In review of facility document titled "Treatment Planning" (Revised May 26, 2014), it included 10 pages of steps to be taken by multidisciplinary treatment members in the development and revision of the patient treatment plan. However, the document did not specifically direct staff to document the goal outcome per the treatment plan standard format.</p> <p>This finding was confirmed by the Chief Nursing Officer (Staff Member #2) and s/he acknowledged an expectation of completion of the treatment plan goal documentation.</p> <p>2. In review of the following medical records it was noted that documentation about treatment goal status was left blank:</p> <p>a. Patient #5 was 19 years old, admitted on 1/19/2015 and discharged on 1/24/2015 for treatment of bipolar disorder with psychosis. The team identified a total of 4 goals and 8 interventions on the treatment plan. The sections titled "Date Goal Met" were left blank by designated care providers.</p> <p>b. Patient #6 was a 66 years old patient, admitted on 2/6/2015 and discharged on 2/18/2015 for treatment of bipolar disorder. The patient had 2 care plans and the final care plan identified 3 goals and 7 interventions. All sections titled "Date</p>	L1065			

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L1065	<p>Continued From Page 8</p> <p>Goal Met" of all treatment plans were left blank by designated care providers.</p> <p>c. Patient #7 was 27 years old, admitted on 3/14/2015 and discharged on 3/31/2015 for treatment of psychosis. The patient had 3 treatment plans and the final one identified 4 goals and 9 interventions. All sections titled "Date Goal Met" of all treatment plans were left blank by designated care providers.</p> <p>d. Patient #8 was 31 years old, admitted on 3/15/2015 and discharged on 4/3/2015 for treatment of schizoaffective disorder. The patient had 4 treatment plans and the final one identified 4 goals and 7 interventions. All sections titled "Date Goal Met" of all treatment plans were left blank by designated care providers.</p> <p>e. Patient #9 was 47 years old, admitted on 3/20/2015 and discharged on 4/15/2015 for treatment of schizoaffective disorder. The patient had 3 treatment plans and the final one had 4 goals and 7 interventions. All sections titled "Date Goal Met" of all treatment plans were left blank by designated care providers.</p> <p>f. Patient #10 was 55 years old and admitted on 4/27/2015 and discharged on 5/6/2015 for treatment of bipolar disorder. The patient had 1 treatment plan with 7 interventions. All sections titled "Date Goal Met" of the treatment plan were left blank by designated care providers.</p>	L1065			

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